

DISCUSSION ISSUE-1

BACKGROUND: In 1993, Washington State responded to a growing movement to measure public health as a system in order to improve overall public health protection and to identify exemplary practices by enacting legislation to establish minimum public health standards and the State's Public Health Improvement Plan (PHIP). By 1998, the PHIP contained a model of Standards for Public Health. The standards were field tested in 1999 and the 2000 PHIP recommended that a process be developed for regular assessment against the Standards. Using the Baseline Evaluation in the spring and summer of 2002 as a model process, it is proposed that the assessment of the standards happen on a regular basis.

ISSUE: Should the entire system (100% of LHJ's and DOH) be site visited to measure compliance with the standards on a regular basis?

DISCUSSION:

- Agencies and staff need to be regularly reminded of the requirements of the standards and their progress in achieving improvement against the standard. Improvement can only be ascertained through regular and periodic measurement against a set of criteria, (aka Public Health Standards).
- In this time of increasing government accountability it is important that policy makers and funding agencies understand that a process is in place for regular measurement and time points of reporting on progress.
- Efforts such as the Baldrige Criteria for Performance Excellence encourage agencies to use the results of their review to improve all aspects of their work.
- The consultants recommended that the time of year for the site visits be changed.
- A two-year time frame would provide a reasonable cycle to prepare and changing the time of year would move the timeframe by $\frac{3}{4}$ of a year.

RECOMMENDATION:

The next assessment of all Local Health Departments and a large portion of the DOH should occur in the spring of 2005 or in $2\frac{3}{4}$ years. The cycle for assessment will be re-evaluated after the next assessment and a regular schedule adopted. Agencies will be encouraged to use a self-assessment at a midpoint during this next cycle.

DISCUSSION ISSUE-2

BACKGROUND: The 1998 PHIP contained a model of the Standards for Public Health, using a framework of single performance standards for all parts of the state's public health system, with unique local and state level measures to address the different responsibilities at state and local levels. In 2000, the standards were field-tested using outside consultants to determine the appropriateness and applicability of the standards. In 2002, the first baseline measurement of the standards was conducted with outside consultants who responded to a Request for Proposals.

ISSUE: Who should conduct future assessments of the Standards?

DISCUSSION:

- Use of the consultants resulted in:
 - Consistency in the measurement, and an unbiased process
 - Critical recommendations
 - Costs should be less because many of the tools have been developed and processes established
- Expense (current survey cost \$150,000-contractor will track overrun not Billed)
- Not building expertise for conducting quality improvement assessments in the system
- The system cannot build on the information learned as easily
- It would be very difficult to construct a staff model due to logistics and consistency of the rater
- Development of a QI Office within DOH that was also responsible for site visits could have some benefits

RECOMMENDATION: Site visits to assess progress in meeting the standards will be accomplished through a contract with independent consultants. Some visits may incorporate state and local staff, but the process will not depend on it.

DISCUSSION ISSUE- 3

BACKGROUND:

The 2000 PHIP described a process for regular measurement against the standards and suggested areas for quality improvement across the system. Over the last year every local health department and 37 sites within DOH were assessed against the standards. The baseline data will be given to each site that was visited and it is anticipated that each site/agency will analyze their own data and initiate processes for individual agency improvements.

ISSUE: How can system-wide improvements be achieved?

DISCUSSION: Now that the standards are developed and a baseline measurement has occurred and we have system wide results, should we attempt to have an impact on the overall functioning of the system? Should the Public Health System leadership identify overarching issues that would benefit from system wide improvements? DOH and WSALPHO leadership would need to advance a selection of priorities for further development. The process would include:

1. Analysis of the data-individual, aggregate.
2. Hold conversations with the PHIP Steering Committee to identify priority points of accountability exemplified by the standards assessment that could be presented to the legislature to explain funding needs for public health.
3. Provide training on quality improvement and understanding the results
4. Conduct a process for the standards committee to solicit common problem areas from across the public health system and hold discussions with various leadership forums to identify high priority areas best addressed from a systems perspective or from looking at the key management practices.
5. Standards committee identifies overarching problem areas and solicits review and comment.
6. Prioritize system wide improvement processes.
7. Establish buy in from leadership.
8. Implementation of improvement processes.
9. Use of the key management practices and the Exemplary Practices website would be promoted and an integral part of the process.

RECOMMENDATION: Establish a process to use the measurement results to set priorities that articulate the needs of the system and to identify areas of work for system wide improvements with a goal to bring the entire system to improved performance.

DISCUSSION ISSUE-4

BACKGROUND: As work has proceeded on the Public Health Standards, the need for good organization infrastructure was raised as a concern. Without good administrative policies and practices the Public Health work cannot proceed. When the Public Health Standards were finalized, a commitment was made to table development of standards related to the administrative functions of agencies and come back to this later.

ISSUE: Should the administrative aspects of the public health system be addressed in the standards work?

DISCUSSION: In January 2002, a subcommittee of the Standards Committee met to identify the administrative functions and to make recommendations back to the Standards Committee about the use of such measures. Administrative areas were identified and some work towards the development of measures has occurred. The subcommittee reported that Administrative Measures should be developed, that the assessments should happen separate from the public health assessments. Further work would need to be done on the measures. It was also recommended that both the Finance and Indicators group of the PHIP review the measures for duplication. The measures developed would need to be pilot tested and finalized.

RECOMMENDATION: Implement the proposed work plan. (See as follows).

WORKPLAN FOR ADMINISTRATIVE ISSUES

The Standards Committee approved the draft work of the Administrative Subcommittee at the July 31 meeting. At that time it was suggested:

1. That two of the other PHIP Committees (Finance and Information Technology) review this work to determine if there is crossover or enhancements that could be suggested from the work of those committees.
2. Review the Public Health Standards in the areas of Communication, Information Systems, Governance (for local health) and Planning to identify overlap or duplication. It was also suggested that the key management practices matrix be used to help with this review.
3. That the matrix for administrative issues be field-tested at several sites.

Proposed Work plan

November	Co-chairs of Standards Committee send memo with attached issues framework to chairs of other two committees to ask for Committee review and comment by next spring.	Co-chairs
January and February	Paper analysis of administrative matrix with standards using Key Management Practices and baseline	Rita and Admin Com.
Spring 2003	Report to Standards Committee and request volunteer Sites to test the administrative measures.	
Summer 2003	Testing at the sites	Selected Counties
November 2003	Report on the findings	